2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90008 043 ****61.25

DOCUMENT # N95000002676

1. Entity Name

NEW OPTIONS, INC.

Principal Place of Business	Mailing Address
~~250 WILSHIRE BLVD.~~ ~~SUITE 490~~ CASSELBERRY FL	P.O. BOX 180957 CASSELBERRY FL 32718-0957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
254 WILSHIRE BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CASSELBERRY, FL	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3335789 ☐ Applied For ☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIXON, G. ROBERT 159 FALLWOOD ST. FERN PARK FL 32730	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ISEMAN, M CONNIE 159 FALLWOOD ST. FERN PARK FL 32730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEXTON, DOROTHY K 877 ELGIN DR. WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(NO CHANGE) DAD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DIXON, G. ROBERT 159 FALLWOOD ST. FERN PARK FL 32730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that *my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: G. Robert Dixon G. ROBERT DIXON, PRESIDENT 4-28-00 407-830-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #